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ORIGINAL CONTRIBUTIONS.

*Fifteen Cases of "Cerebro-Spinal Meningitis," and their Post Mortem Appearances.* Presented by CHAS. M. CLARK, M.D., late Surgeon 39th Ill. Vol. Infantry, and Chief Operating Surgeon 24th Army Corps.

During the months of January, February, and March, 1865, a large number of cases came under my notice at the field hospital of the 24th Army Corps, which, at that time, was located near Hutchin's Run, Virginia. I took especial interest in studying the disease, and in making full and thorough examinations after death, which I am sorry to add, was the termination in nearly every case that presented for treatment.

CASE I. Benjamin Hyman, private, Co. F. 11th West Virginia Regiment, American by birth, aged 20 years; admitted to hospital February 20th, 1865. On his admission he was fiercely delirious, and after being placed in bed he would not lie quietly, but kept changing his position from side to side; would often break out into loud exclamations and moans; often starting up with a wild, staring expression of countenance, and, if not forcibly prevented, would get up and saunter down through the aisle of the ward. His pulse was 80; and soon after his entrance, he vomited a large quantity of a dark green

matter. The pupils of the eyes were slightly contracted; the tongue moist and normal; skin dry and cold; and the hands and feet were purplish in color. The urine was scanty and very high colored, and the bowels were costive.

He was placed in a warm bath, and after his return to bed a mild cathartic was given and a blister applied to the nape of the neck, together with a sinapism to the plantar surface of each foot. Ten grains of Dover's powder were also administered.

*Progress of case.—Feb'y 21.* Very restless and wild; no sleep during the night; pulse 120, very small and irregular; bowels moved during the night. During the day, petechiæ of various sizes commenced to appear, mostly noticeable on the fore-arms and legs. Quinine and acetate of potash ordered to be given him.

*Feb'y 22.* No perceptible alteration in the symptoms. A catheter was passed and a small quantity of dark urine was drawn off. Quinine and potash continued, with the addition of milk punch every few hours.

No considerable change occurred in the case, with the exception of increasing weakness, until *Feb'y 26th*, when the pupils became dilated and there was a disposition to cough. The delirium at this time was more mild; there was disposition to sleep; and the patient lay comparatively quiet on his bed. The bowels were still inclined to be costive; urine scanty and high-colored; tongue dry through the centre, but not furred or discolored. He had some appetite, but did not wish anything but pie to eat. Continued same treatment.

*Feb'y 27.* Had involuntary dejections from the bowels; urine more free, not so highly-colored, and passed naturally; pulse varied from 80 to 130; lay comparatively quiet and comatose; pupils largely dilated, and the eyes injected. During the day, he commenced throwing back his head, and there was some trembling of the limbs.

*Feb'y 28.* No change. Some vomiting of greenish matter. Some difficulty of deglutition noticed.

*March 1.* Continues apparently the same. Dimness of vision noticed; he is also becoming quite deaf.

He passed along in this state, growing gradually weaker;

tongue dry and moist by turns; sub-sultus increasing; pulse gradually failing, until *March 5th*, when he died, at 9 o'clock P.M. Just previous to his death, pustules of acne broke out, most apparent about the face and neck, but some few crops were seen on the fore-arms and legs.

SECTIO CADAV. 17 HOURS AFTER DEATH.

Rigor mortis well marked. Body not emaciated.

*Head.*—On removing the calvaria, the dura mater was found greatly injected with both arterial and venous blood, and somewhat thickened. The arachnoid had a shiny opalescent look, and was noticeably thickened at about the middle and on either side of the longitudinal fissure. On reaching the pia mater, it was found covered with patches of lymph and pus. On removal of the brain from the skull, a large quantity of serum, flaky with pus, escaped from the membranes of the spinal cord, and when the brain was placed on the table, by slight pressure, some six ounces of serum escaped from the membranes and third ventricle. In the spinal canal, three drachms of thick, yellow pus were found. Over the pons varolii, optic tract, and the base of the cerebellum a thick layer of laudable pus was seen, and some was also found between the lobes of the cerebellum. On cutting down through the left hemisphere of the cerebrum to the corpus callosum and opening the lateral ventricle, three drachms of flaky serum were found, and in the anterior and posterior cornua, there was one drachm of thick pus. The right lateral ventricle presented the same appearance. Pus was also found in the third and fourth ventricles. The brain tissue, especially the cortical portion of both cerebrum and cerebellum, was soft and pultaceous and easily broken up. The medullary portion did not seem greatly altered, although the puncta vasculosa were more numerous than is usual.

*Chest.*—The lungs and heart were found normal.

*Abdomen.*—The organs in this division were healthy, and nothing appeared abnormal except the under surface of the liver, which presented a very dark, shining look. The gall-bladder was empty.

CASE II. Gaines Reynolds, private, Co. I., 89th N.Y. Vols.,

American, aged 24 years. This man was admitted to hospital February 7th, 1865, with the following history, forwarded by Surgeon Squires at the time:—"Man was taken sick January 17th with chill; severe pain in head, back, extremities, and the surface of the body generally. Vomiting was an early and persistent symptom. Blue pills and a saline cathartic were administered in the first place, and three blisters were used: one to the back of the neck, and one to either calf of leg.

A threatening collapse occurred about twelve hours from the seizure, in which the patient came near dying. Stimulants were freely used and heat applied; reaction finally came on. The bowels were moved by the physic, but did not move again in a week's time. He vomited every day. His chief complaint was pain in his head, back, bones, flesh, and all over. His eyes were red at first, and discharged a little; his hearing was very acute, and the least noise greatly disturbed him. There was great sluggishness in urinating. The head was disposed to be retracted. He was rational all the time; no convulsions; no delirium; no paralysis. The pains gradually left him, and he was sent to Field Hospital."

The symptoms of this man, on entering hospital, were:—Slight pyrexia; eyes injected, looking like a case of acute conjunctivitis; pupils greatly enlarged; very restless in body, but evinced no derangement of mind. He was not disposed to talk much, but would answer questions correctly and fully. No delirium throughout. His tongue was thickly coated; and, during his stay in hospital, he had several involuntary discharges from the bowels. His kidneys acted freely and naturally, no catheter being necessary, and there was no especial deposit noticeable in the urine voided. The heat about the head was greatly increased, and there was a constant desire to keep the head thrown back. His appetite was moderate; did not desire food, but would eat his toast and drink tea or coffee at the usual hour. He was placed upon quinine and nit. potass., together with milk punch. Anodynes were given when necessary, and cold was constantly applied to the head.

The case thus passed on, without change, until 6 o'clock P.M., February 13th, when he died comatose.

## SECTIO CADAV. 2 P.M., FEBRUARY 14TH.

Rigor mortis not well marked. The body not emaciated.

*Head.*—The first appearance on removing the skull cap, is extensive congestion of the dura mater; some slight adhesions between the dura mater and arachnoid. On reaching the pia mater, there was quite a flow of serum (flocculent), and on each side of the longitudinal sinus there was an extensive exudation of pus. On removing the brain, there was found, at the time the section was made, a considerable flow from the meninges. There was a thick layer of pus over the whole of the medulla oblongata. On opening the membrane near the optic commissure, there were found two ounces of serum. The lateral ventricles were found full of serum, of a turbid character. The fourth ventricle was also found full. The brain tissue was softened throughout its whole extent. Upon examination of the cervical portion of the cord, some pus was found, and the cord was softened.

*Chest.*—The left lung was covered with false membrane throughout its whole extent, and was firmly bound down posteriorly; the pleura was also firmly adherent to the pericardium. The lung was full of a tubercular deposit, of the miliary character, together with some of the other forms; the right lung was normal. Great hypertrophy of the pericardium on the left side; no effusion within it. There was an abnormal fatty deposit over the whole anterior surface of the heart.

*Abdomen.*—The substance of the liver was engorged; the gall-bladder was greatly distended; spleen normal; kidneys of usual character.

*Intestines.*—Omentum thickened and somewhat diseased; transverse colon contracted to one-third its normal size; mesentery very fatty; ileum considerably congested, but no ulcerations found, its coats were very thin. A lumbricoid worm was found in the jejunum. Descending colon thickened and constricted; bladder distended with urine.

CASE III. Emory Wells, private, Co. D., 39th Ill. Vols., American, aged 25 years. This man entered hospital at Richmond, Va., June 14th, 1865, at 10 o'clock A.M. At the time

of his entrance, he was comatose; pupils largely dilated; tongue moist, but not furred; pulse 140 to 150; great disposition to tonic spasms; keeping the head thrown back; no apparent delirium; urine and fæces passed off freely and naturally; the eyes were congested and suffused; and respiration was very rapid.

Dr. James Crozier, Assistant-Surgeon in charge of the regiment, stated that the man was apparently well the day before his entrance to hospital, although since his enlistment into service he had never been able to perform the full duties of a soldier. No change occurred in the condition of this man, and no treatment was given him, as it was apparent that he must soon die. He died at 11:30 P.M., June 15th, 1865, just 13 hours and 30 minutes after his entrance.

AUTOPSY HELD AT 12 M., JUNE 16TH, 1865.

Body emaciated; rigor mortis not well marked.

*Head.*—On removal of the skull cap, the dura mater was found greatly injected with blood; no especial change was manifest in the arachnoid, but over the entire surface of the pia mater there was a large deposition of thick, yellowish pus; the brain tissue proper, was found infiltrated, greatly congested, and very much softened—a slight stream of water would wash it away; pus was found distributed in patches over the whole brain, and in its sulci underneath the pia mater; the right and left ventricles were full of bloody serum, which was flaky with pus corpuscles; the third and fourth ventricles presented the same appearance.

*Chest.*—Lungs and heart were found normal.

*Abdomen.*—All of the contained organs were in a healthy condition except the kidneys, which showed a little fatty degeneration.

I have neglected to mention that the medulla oblongata and the cervical portion of the spinal cord were infiltrated with pus.

CASE IV. Dennis Brow, private, Co. M., 4th Mass. Cav., aged 26 years. This man entered hospital February 19th, 1865. When first seen, he was suffering with a severe chill; he was delirious, and suffered considerable dyspnœa; his tongue

was red, with a brown centre; the pupils were natural; skin dry and moist; pulse scarcely perceptible at the wrist, very frequent and irregular, 120 to 150; eyes red and highly injected; diarrhœa, with involuntary discharges from the bowels; respiration short and quick; respiratory murmur clear and distinct; no cough; very restless, with some tenderness over the abdomen; purpura hemorrhagica appeared in spots over the whole surface of the body; is indisposed to talk, and it is with great difficulty that he can be made to answer questions.

This patient presented (according to the history furnished by the surgeon of his regiment) every appearance of enjoying good health previous to this sickness, which attacked him the day previous to his entrance to hospital.

*Treatment.*—He was put in a warm bath, containing mustard; sinapisms to the epigastrium, inside of the thighs and ankles; a saline cathartic was given, and quinine and Dover's powder were ordered during the night.

*Progress of the case.*—On visiting him next morning, I found him a little more rational, yet there was wandering of the mind and disposition to talk; there was an increase of the purpura over the body; breathing was more natural; pulse imperceptible at the wrist; skin cool and moist; had several involuntary evacuations during the night; bowels still tender; vomited occasionally a greenish matter, and could retain nothing on the stomach; there was a puffy condition of the face and neck; the pupils were enlarged; and the whole surface of the skin was hyperæsthetic. The patient gradually sunk, and died at 2:30 o'clock P.M.

AUTOPSY, 11 O'CLOCK A.M., FEBRUARY 21ST, 1865.

*Brain.*—The dura mater presented petechial discoloration over the whole of the superior surface, considerable effusion underneath it; arachnoid somewhat thickened; pia mater extensively injected with blood, with here and there a thick purplish streak, pus found in patches over its whole extent; lateral ventricles full of bloody serum; thick pus over optic tract; the cerebellum presented the same appearances; there was pus in the fourth ventricle, and in the spinal canal.



*Chest.*—Right lung closely adherent to the pleura costalis; and the pleura over both lungs presents a mottled appearance; lung tissue healthy. On opening the pericardium, found it greatly congested and spotted; thick purple streaks of congestion are numerous. The pericardium contained two ounces of serum, largely mixed with pus. The heart itself is mottled and is covered with large patches of pus, especially around the sinuses of the aorta. The muscular tissue of the heart is thickened and condensed, cutting like cartilage. Left ventricle contained one ounce of thin bloody serum.

*Abdomen.*—The liver, both externally and internally, presents patches of congestion; a small ulcer was found in the left lobe; substance of liver greatly softened. Spleen one-third larger than normal. Kidneys normal.

*Intestines.*—The whole tract was covered with the hemorrhagic spots; otherwise it was healthy. The stomach was largely distended with gas. Bladder found full of urine.

CASE V. William Statlen, American, aged 21 years, private, Co. C., 15th West Va. Vols. Admitted February 26th, 1865. Symptoms on entrance:—High fever; pulse 120; considerably delirious and extremely restless; pupils contracted; he could not be aroused or made to understand anything; petechial spots were present over the whole surface of the body, but were most marked over the chest and abdomen; had attacks of vomiting every half-hour or so, when he would throw up small quantities of greenish fluid.

*Treatment.*—A warm bath was given him, with stimulant pediluvium, and he was placed upon large doses of quinine and Dover's powder. He died comatose, at 12 o'clock noon, February 28th, without any marked change in the symptoms.

AUTOPSY, 10 O'CLOCK P.M., MARCH 1ST, 1865.

Body not emaciated; rigor mortis not well marked.

*Brain.*—The pia mater, over the whole surface of the cerebrum, was covered with a thick deposition of lymph and pus; brain tissue greatly congested; base of brain covered, in patches, with thick, yellow pus; pons varolii covered with pus in large quantity; brain softened throughout its whole extent,



and the convolutions were full of serum and pus; one drachm of bloody serum was found in each lateral ventricle; the membranes of the cord were infiltrated with pus, and some two ounces were collected in a cup on section of the cord through the lower cervical region.

*Chest.*—The lungs were normal. *Heart:*—Some effusion in the pericardium; heart looks anæmic, with considerable fatty deposit; is enlarged one-quarter, and the tissue is hard and horny to the feel; large albuminous clots were found in the ventricles, the clot being very firm and hard, and each clot passing up into the corresponding auricle; the valves of the aorta were very flabby.

*Abdomen.*—*Liver:*—Gall-bladder greatly distended; substance of the gland normal. Spleen hypertrophied. Kidneys normal. *Intestines:*—Omentum very fatty; mesenteric glands enlarged; calibre of the ileum contracted. Bladder greatly distended with decomposing urine; its walls were greatly inflamed and discolored, the mucous lining presenting livid spots.

CASE VI. F. M. Dwyre, American, aged 23, private, Co. C., 9th Maine Vols. Admitted January 15th, 1865, with high fever; pulse 120; severe pain in the back; tongue brown and dry; some epistaxis; urine high colored, with thick phosphatic sediment; eyes injected; pupils contracted; the skin has a jaundiced appearance, and is dry and harsh.

Soon after admission, he became delirious, and so continued, without lucid intervals, until death.

*Progress of case.*—For the first three days, there was retention of urine. The catheter was used. The urine was high colored; had a strong smell, and deposited a heavy, reddish sediment. On the fourth day, the urine became more free, of light color, and passed naturally. The pupils remain contracted; some trismus manifest; also difficulty in deglutition. Fifth day, some jactitation manifest; hearing and vision very obtuse. Patient continued in about the same state, with no other very noticeable symptoms, until January 24th, when he died.

AUTOPSY, 12 O'CLOCK M., JANUARY 25TH, 1865.

Body greatly emaciated; and the skin is very yellow throughout its whole extent. On removing the skull cap, the dura mater was found intensely congested; the pia mater was covered with lymph, with here and there patches of pus; the cerebrum was considerably softened in places; large quantities of pus were found covering the base of the cerebellum, medulla oblongata, and optic tract; the membranes of the cord were distended with serum, some pus also was found in them; the cerebellum was very soft, almost disorganized; the lateral ventricles were full of bloody serum, with pus in the cornua.

*Chest.*—Right lung healthy; left lung found to be undergoing hepatization; lymph was suffused over its entire surface, and adhesions had commenced forming to the pleura costalis. *Heart:*—Some effusion in the pericardium; organ otherwise normal.

*Abdomen.*—Liver fully one-third larger than natural, and its entire surface beautifully mottled; the gall-bladder was quite empty; substance of liver quite soft, and one could easily push the finger through it; spleen and kidneys normal; the stomach was inflated, also the transverse colon, which was greatly distended, measuring 15 inches in circumference; right colon found adherent to the peritoneum, along its whole tract, and considerably congested; appendix vermiformis enlarged and greatly congested; three inches of the ileum found intussuscepted in one place, and four inches in another. The vessels of the whole intestinal tract were injected; the glands of the mesentery were enlarged; bladder full, and closely adherent to the peritoneum. The adhesions of the colon and bladder were old, very firm and thick, containing an abundance of cellular tissue. (This man had, at no time, been troubled with diarrhoea.)

CASE VII. Joshua J. Drake, private, Co. H., 199th Pa. Vols., aged 26 years, American. Entered hospital January 18th, 1864. At the time of his entrance, he seemed to be suffering from well marked symptoms of typhoid fever. The tongue was dry and brown; teeth encrusted with sordes; pulse full and

rapid, 120 in the minute; great sub-sultus tendinum; furious delirium; an occasional cough; pupils natural; urine scanty and high colored.

*Treatment.*—He was bathed and placed in bed, with sinapisms to the feet and cold to the head; Dover's powder and nitrate of potash were followed by a blister to the back of the neck.

*Progress of case.*—The symptoms noticeable on admission did not abate, but continued with an increase of the sub-sultus, and a tendency to opisthotonos; some epistaxis; eyes injected, and coma-like stupor; urine passed off freely, sometimes involuntarily; bowels moderately lax; no change in pupil, and he died January 22d, at 8 o'clock P.M.

AUTOPSY, 1 O'CLOCK P.M., JANUARY 23, 1865.

Body emaciated; some discoloration about the abdomen; the toes of each foot look blue.

*Brain.*—Dura mater highly engorged; some effusion between the pia mater and brain; slight exudation of lymph over the cerebrum and some effusion in the convolutions, with corpuscles of pus contained; substance of cerebrum softened; no effusion found in the ventricles; membranes of the cord distended with serum; cerebellum covered with lymph; slight exudation of pus over the optic tract.

*Chest.*—No effusion in the chest. Left lung:—Upper lobe consolidated; lower lobe highly congested. Right lung shows a highly inflamed condition, and, on cutting into the tissue, pus exudes. Heart:—Pericardium contains eight ounces of serum; slight pericarditis manifest; blood in the ventricles not coagulated; the right auricle contains an albuminous clot.

*Abdomen.*—Liver enlarged one-third; gall-bladder enormously distended; substance of liver apparently healthy; spleen weighs  $1\frac{1}{2}$  lbs; kidneys normal; stomach healthy, and contains six ounces of fluid.

*Intestines.*—Calibre of the ileum diminished fully two-thirds; colon filled with faecal matter; some congestion throughout the whole tract of the jejunum; otherwise, the intestines are healthy. The bladder was distended with urine.

**CASE VIII.** David Small, Co. I., 9th Maine Vols., aged 16 years, American. Admitted to hospital January 18th, 1865. On admission, there was well marked eruption of rubeola; skin hot and dry; pulse 120; some cough; tongue red and dry, especially through the centre; pupils natural; no delirium; respiration very hurried; and patient seemed stupid.

*Treatment.*—Was bathed, then put to bed, when liq. ammoniac acetat. was given, together with quinine and milk punch.

*Progress of case.*—No change manifest in symptoms, until the 18th, when the patient became delirious; pupils contracted; tendency to keep the head thrown back. No medicine given after this. Patient died January 23d, at 9:30 o'clock A.M.

SECTIO CADAV. 12 O'CLOCK M., JANUARY 23.

Body extremely emaciated; rigor mortis well marked.

*Brain.*—Membranes seem engorged with blood, and over the whole surface of the cerebrum there is a well marked arterial and venous congestion. Underneath the arachnoid membrane, there is an extensive deposition of lymph, also patches of flocculent pus; the sulci of the brain are filled with serum. Six drachms of serum found in the left lateral ventricle; none found in the right. Cerebellum softened, otherwise presents the same appearance as the cerebrum. Some pus found around the optic commissure. Pons varolii softened.

*Chest.*—Four ounces of serum in the pleural cavity. Right lung:—Lower lobe hepatized; false membrane is forming over the posterior surface. On cutting into the substance of the lower lobe, pus exudes. Left lung normal. Heart:—Pericardium contains four ounces of serum; heart atrophied, and the muscular tissue much softened.

*Abdomen.*—Liver one-third larger than normal; substance greatly congested; gall-bladder atrophied, empty, and congested. Kidneys slightly enlarged, otherwise normal. Spleen normal.

*Intestines.*—Intussusception of ileum for eight inches, old in character; mucous membrane of the containing part much thickened and congested; whole intestinal tract engorged with blood, but no signs of active peritonitis; stomach enlarged and filled with flatus, also contains four ounces of fluid.

There was phimosis of the penis in this case, and the boy was known as a masturbator. It should have been stated that on removal of the brain, eight ounces of serum escaped through the foramen magnum, and that the medulla oblongata and cord were highly congested. There was also slight adhesion of the pia mater to the brain.

CASE IX. Arthur Smith, aged 23, private, Co. G., 7th Conn. Vols. Admitted to hospital January 6th, 1864. This man was taken with a chill, followed by fever, and complained of pain and soreness throughout his whole body; pupils natural; occasional vomiting of greenish matter.

*Treatment.*—Given pulv. Doveri and quinine, and  $\frac{1}{4}$  gr. of morphine at tattoo. The skin seemed normal; and urine passed naturally.

*Progress of case.*—No change in symptoms until just prior to his death, when he became delirious; pupils dilated; and had tonic spasm. He died comatose at 12 M., January 22d.

SECTIO CADAV. 4 P.M., JANUARY 22.

Body slightly emaciated; rigor mortis not well marked.

*Brain.*—Dura mater distended with serum; slight adhesions of the pia mater to the brain; substance of brain greatly congested, with exudation of pus over its whole surface; cerebrum softened; cerebellum so very soft that a stream of water disorganized it; no effusion within the ventricles; spinal cord congested.

*Chest.*—Right lung normal; left lung congested, and the upper lobe throwing out lymph. Heart:—Pericardium contained eight ounces of serum; the blood found in the cavities of the heart was fluid; structure of the heart normal.

*Abdomen.*—Liver hypertrophied; gall-bladder distended. Intestines:—Colon filled with faecal matter, well digested and of good color; small intestines congested; patches of ulceration found throughout the whole tract of the ileum; spleen somewhat enlarged; kidneys normal; bladder found nearly empty.

[To be continued.]

*Introduction to the Course of Lectures on Diseases of the Eye, in Rush Medical College, Session of 1866-67.* By E. L. HOLMES, M.D., Surgeon to the Chicago Charitable Eye and Ear Infirmary, etc.

GENTLEMEN—Before we enter upon the actual investigation of the subjects which we propose to discuss in this course of lectures, I am desirous of calling your attention to a few practical points in reference to your studies here as students, and to your future labors as practitioners.

I do not wish to magnify the importance of ophthalmology; the importance of the organ itself, of which it treats, the great suffering so often caused by its manifold diseases, and the terrible calamity which befalls the unfortunate patient when its diseases have forever extinguished the sense of sight, render it unnecessary to urge its claims especially upon you.

If it is the great object of the physician to prolong life, to preserve the health of every organ in the human system, and to prevent physical and mental suffering, there would seem to be scarcely a reason why the affections of an organ so delicate and useful, and so liable to disease, as the eye, should ever be so generally neglected by those who are preparing themselves for the duties of our profession.

It is stated on good authority, that one-twelfth of all the patients treated in the English hospitals suffer from affections of the eye. In this country, there is probably about the same proportion of ophthalmic diseases. Physicians in certain portions of this State, in active general practice, have informed me that at times one-third of their patients are afflicted with diseases of the eye.

And yet, it is true that the study of these diseases and their treatment have been almost absolutely neglected, not only by the student of medicine, but by the majority of practitioners. The causes which have tended to detract the attention of the profession from ophthalmology are to be found in the great obscurity which has existed, regarding the nature and treatment of diseases of the eye, and in the absence of instruction

in our medical colleges, in consequence of the short term of study required previous to the examination for the degree of medicine. Practitioners too often fail to pursue in this department of their education what they omitted in their collegiate course.

Discredit has been thrown upon this special department, from the fact that the treatment of diseases of the eye has been left to such an extent in the hands of incompetent and unprincipled charlatans. When such a field of labor was abandoned, as it were, by educated practitioners, it is scarcely a matter of surprise that it should have been occupied by ignorant pretenders. So much light, however, has been thrown upon our knowledge of ophthalmic diseases; so many valuable works on the subject have been recently presented to the profession; the facilities for teaching this branch have been extended to such an extent in our schools; the infirmaries for the special treatment of diseases of the eye in several of our large cities afford so large a number of cases for clinical instruction, that extraordinary interest in ophthalmic science has been developed in this as well as every other country.

I apprehend very much that is said regarding the importance of ophthalmology is called forth in consequence of the very great neglect which the science has so long suffered. Undoubtedly, if diseases of the lungs, or if the treatment of fractures, or any class of affections, had been almost absolutely omitted in the instruction of our medical colleges, with the expectation that the student could secure the necessary knowledge after he had entered upon active practice, there would be the same discussion regarding the importance of the study of these affections, as now in regard to the study of diseases of the eye.

You can, with your best efforts, but lay the foundation of a medical education during your college courses. It is for your interest that this foundation should be broad and thoroughly laid. Your medical studies, therefore, in this place, should have scarcely any direct reference to a specialty; for no specialty can be cultivated with full advantage without a good knowledge of every important branch of medical science. To



secure this knowledge, requires at least three years of most careful, unremitting study. Even this period is scarcely sufficient to prepare the student for the responsibilities of actual practice.

It should be remembered that, almost without exception, those who have distinguished themselves as specialists in any department have been thoroughly educated physicians. I therefore most earnestly recommend you all to follow sedulously the lectures of each of your teachers, and read upon each subject all your time will permit. Those of you, whose sphere of labor will be in a thinly settled country, should not, under ordinary circumstances, devote your time to any specialty. The people around you depend upon you for relief in every form of disease and accident. You must be their physician, surgeon, obstetrician, oculist, aurist, and, to a certain extent, their dentist; you should, therefore, comprehend the affections of every organ. Neither your time and opportunity for observation, nor the demands of the community in which you may practise, will permit you to cultivate a specialty with advantage.

But as you advance in years and in experience, and you become surrounded by a denser population, you can then, perhaps with advantage to yourselves and your patients, follow your tastes in the study of special diseases.

Those of you, on the other hand, who will enter upon practice in a thickly settled town or city, will be placed in a somewhat different position. You can then restrict your labors to such a branch or branches of our profession as your tastes or as accidental circumstances may dictate. There will be a sufficient number of practitioners near you to preclude all danger that the sick cannot secure immediate and prompt attention.

To those of you who have not finished your collegiate course, I would, therefore, give this advice:—Attend the lectures on diseases of the eye at the clinic and lecture room, and study, as you find opportunity, a suitable text-book, precisely as you do in the other branches taught in this place by your different professors. Make it your chief object in this, as in other departments, to obtain those fundamental principles which, if fully

comprehended, will render your future studies comparatively easy, in whatever direction you wish to pursue them.

And yet, I would have you distinctly understand that I am a warm advocate of the subdivision of professional labor, provided this subdivision is based upon correct principles. I believe any system of education is erroneous, which tends to restrict the student in college to the investigation of one class of diseases. Each organ of the body is so intimately connected with the other organs, that the skilful diagnosis and treatment of its diseases require a range of study far more extensive than that of its anatomy, physiology, pathology, and therapeutics. No one can be a good oculist without being a good physician.

It is true, the field of labor in the science of medicine is so extensive that no one can ever hope to attain perfection in all its departments. It is fallacious, however, to maintain that, because an intimate knowledge of the whole science of medicine is beyond the capacity of any intellect, one can become really perfect in one department by neglecting all others. The pursuit of a specialty, to the neglect of any subject practically related to the science of medicine, cannot fail to narrow the mind and render it less capable of thoroughly investigating the disease even of one organ.

Be determined, therefore, if you intend to devote your best energies to the study of ophthalmology, first, to make a careful investigation of every branch of medical science; endeavor to become familiar, as general practitioners, with all diseases; then, as circumstances become favorable for such a step, relinquish the practice, for instance of surgery and obstetrics, and devote more and more of your time to diseases of the eye.

Our present course, as you well know, will consist of a comparatively few lectures in this place, and of two clinics each week at the Eye and Ear Infirmary. It will be my chief object to direct you in entering upon the study of ophthalmology, and to excite such an interest in the subject that you will give it the attention it deserves.

As text-books for you, as beginners, I would recommend for your careful perusal, the recent work of Mr. Laurence and Mr.

Moon, and the two small but excellent volumes of Dr. Williams, of Boston. After the principles of the science, presented in either of these works, have been carefully impressed on your minds, and you have examined the cases at the infirmary requiring surgical or medical treatment, you will be, to say the least, prepared to commence and fully comprehend any of the standard works you choose to study.

Prof. Stellwag, of Vienna, has undoubtedly written the most valuable text-book on ophthalmology, which can be found in any language. It will, probably, be soon translated into English, and will be a work you should all possess.

The work of Wecker, of Paris, not yet completed, will be a most valuable contribution to ophthalmic literature. At the present time, there is not a single manual on diseases of the eye in the English language corresponding, for instance, to the work of Prof. Flint, on general medicine.

There are, however, many valuable monographs and two very important ophthalmic journals:—The *Ophthalmic Review*, published semi-annually in London, and edited by Laurence and Winsor; and the *Royal London Ophthalmic Hospital Reports*, edited by Wordsworth, Hulke, and Hutchinson. These journals are invaluable, and worthy of your attention.

Those of you who read German, will find two journals whose pages are filled with most interesting matter, not only on theoretical but practical subjects connected with ophthalmology. One is edited by Arlt, Donders, and Græfe; the other by W. Zehender.

For an ample discussion of the principles and application of the ophthalmoscope, I must refer you to the work of Zahnder, translated in England by Carter, and soon to be reprinted in this country. This, in connection with the beautiful ophthalmoscopic plates of Jæger and Liebreich, will enable you, with practice in examinations with the ophthalmoscope, to understand the abnormal appearances you may detect in the optic nerve (papilla), retina, choroid, and vitreous humor.

You will find in the celebrated work of Donders, translated by Dr. Moore, for the New Sydenham Society, nearly all that

is known regarding the accommodation of the eye for vision at different distances, the abnormal conditions of the refracting media, the causes of strabismus, and the use of glasses. This work, although very large, is so divided in its chapters, that the "practical" portions are entirely distinct and separate from what might be termed by many the theoretical and comparatively useless portions.

I cannot close this lecture, without urging upon you the following important advice:—Form the habit of frequently examining the eye in health in persons of different ages and different constitutions; learn to observe at a glance the condition of the palpebral conjunctiva, and of the margin of the lids, and the position of the puncta and ciliæ; the form, size, (apparent) color, and movability of pupil; the color and position of the iris and the surface of the cornea, as seen with the light falling upon it from various directions.

By cultivating this habit, you will be able to recognize the difference between the conditions of health and disease much more readily than you can with no positive knowledge of the various normal appearances of the eye.

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## PROCEEDINGS OF MEDICAL SOCIETIES.

### CHICAGO MEDICAL SOCIETY,

#### PATHOLOGICAL SPECIMENS OF THE HEART.

Dr. Ross presented to the Society, for examination, five hearts which had been removed from subjects at the County Hospital. The history of each case with the diagnosis, as made previous to the *post mortem* examination, treatment, and abnormal appearances, made a most interesting and instructive contribution.

CASE I. M. C., male, *æt.* 45 years, had suffered for twenty years from repeated attacks of rheumatism, apparently induced by exposure. He had, however, been able to follow his occu-

pation till within six months previous to entering the hospital, although he had for several years suffered much from shortness of breath on exertion.

On admission to the hospital, there was labored breathing; inability to recline; œdema of lower limbs, and very great exhaustion. Dullness on percussion over the cardiac region, disclosed extensive hypertrophy of the heart; a loud blowing murmur with the first sound, heard most distinctly over the apex, and propagated downwards and to the left, disclosed insufficiency of the mitral valves; a murmur with the second sound, loudest at the base, and propagated upwards, showed thickening of the aortic valves. Death occurred two weeks after admission to the hospital.

The heart was found to be hypertrophied, weighing 16 ounces. The pericardium contained 4 ounces of fluid, and was adherent, in places, to the heart. The mitral valves were so thickened by the presence of calcareous deposits, that they resembled a large tumor with a narrow, slit-like opening through it. The aortic valves were also much thickened. The gall-bladder contained a large number of concretions.

CASE II. E. L., *æt.* 65. Had suffered many years from rheumatism. The general symptoms, on entering the hospital, were similar to those in the case just described. There was a very loud friction sound, with regurgitation, heard with the first sound of the heart.

He was so reduced in strength that he survived but nine days. The heart was found hypertrophied, weighing  $25\frac{1}{2}$  ounces. The mitral valves were much thickened, reducing the opening to the form of a mere slit. The other valves were normal. The pericardium contained 10 ounces of fluid, with extensive fibrinous exudation. The spleen weighed but 2 ounces.

CASE III. J. O. L., male, *æt.* 19 years. Had long suffered from severe attacks of intermittent fever. He had become much reduced and anæmic, with loss of appetite; limbs œdematous; there were symptoms, on percussion, of hypertrophy of the heart. There was severe pain in the frontal region of the head. The patient died comatose on the fifth day after entering the hospital.

At the autopsy, there was found upon the upper and lateral surfaces of the brain, extensive fibrinous deposits; the convolutions of the brain were adherent. The heart was hypertrophied, without valvular disease, and weighed 13 ounces. The spleen weighed 37 ounces.

CASE IV. P. T., *æt.* 35 years, male. Entered the hospital in an advanced stage of phthisis pulmonalis, with hypertrophy or dilatation of the heart, and insufficiency of the aortic valves.

The autopsy revealed very extensive and remarkable dilatation of the right auricle, and slight dilatation of the ascending aorta. The tricuspid valves were thickened and hard; the semi-lunar valves of the aorta thickened and closed imperfectly. mitral valves were normal.

CASE V. M. M., *æt.* 35 years, male. Had a severe attack of rheumatism ten years since. Two years ago, he first began to experience difficulty in breathing. On entering the hospital he was suffering from great dyspnœa, cough, and anasarca of lower limbs. He survived but seventeen days. The heart was hypertrophied, weighing 17 ounces; the mitral valves were thickened, their edges being united to such an extent as to reduce the opening between them to a narrow slit; the other valves were normal.

#### SULPHURIC ACID IN VARIOLA AND ERYSIPELAS.

Dr. O. Smith gave the history of a case of small-pox in a child 3 years of age, in which the eruption in its earliest stages completely covered the body, as in the confluent form of the disease. There was violent fever, with other symptoms peculiar to the disease.

Sulphuric acid and water, sweetened so as to resemble lemonade, was given freely to the child. In consequence of the intense thirst, very large quantities of the solution were taken. In twelve hours, the fever entirely subsided. But twelve large pustules were formed on the body, the rest of the eruption disappearing before coming to maturity. The subsequent symptoms were very mild.

Dr. Smith regards sulphuric acid, administered freely as just

described, almost a specific in erysipelas, and far superior to the muriated tincture of iron.

#### USE OF A CONCAVE REFLECTOR IN EXAMINATIONS OF THE EAR.

Dr. Holmes called the attention of the Society to the use of this instrument in examinations of the external meatus, as recommended in the excellent work of Von Trœltzsch on diseases of the ear, translated by Dr. Roosa, Aural Surgeon to the New York Eye Infirmary. The instrument is a concave reflector, three inches in diameter, with a focal distance of four inches, and is contained in a metallic frame, with a suitable handle. In the centre of the reflector, a small disc of the amalgam is removed, as in the small concave reflector of the ophthalmoscope, to allow the rays of light from the illuminated ear to enter the observer's eye.

By means of this instrument, the deeper portions of the external meatus can be distinctly seen, even in a cloudy day, or by the light of a candle in a darkened room. The patient can be examined while lying in bed, if necessary, as well as in an erect position.

#### CASE OF CEREBRO-SPINAL MENINGITIS.

Dr. Hatch read the history of a fatal case of this disease, in which the patient, male, 21 years of age, had suffered, for two weeks previous to seeking medical aid, from headache, languor, loss of appetite, and feverishness, although he had followed his daily occupation.

At the first visit of Dr. H., the patient had apparently just passed through the different stages of a violent congestive chill, which left him with a high fever; with very frequent pulse and respiration; nausea and vomiting; great restlessness; exalted sensibility of the surface; and a terrible headache, with dullness of perception. These symptoms were accompanied, in a few hours, by coma and general muscular stiffness, which was especially marked about the neck. Death occurred in about 48 hours, soon after which the peculiar spots of the disease appeared on the surface.



## ELGIN MILK CONDENSING COMPANY.

Dr. Hamill reported the observations made by himself and Dr. H. A. Johnson, during a visit to the "Elgin Milk Condensing Company," which were of a very satisfactory character. The whole process, from the delivery of the milk by the dairy-men, until it was prepared in its condensed form to be delivered to consumers, was exhibited to them. The integrity of the parties, the scrupulous care with which the milk is received, the cleanliness and sweetness of every vessel through which it passes, are guarantees to the public for its good qualities. It is recommended to the profession and the community for the following reasons:—

1st. It is procured from healthy cows, that are not fed with slops from the distilleries, and are not kept, during any part of the year, in dark, close, and dirty barns.

2d. The process in no way deteriorates the quality of the milk, and its bulk is diminished, making its transportation easy.

3d. It is of uniform strength, requiring three parts of pure water to one part of condensed milk to bring it to the standard of good fresh milk. There is no drug or chemical used or mixed with it.

And, lastly, it can be kept for a much longer time, at any season of the year, from becoming sour, if proper care is taken.

It is the pecuniary interest of the company to use good milk for condensing, and none other; this furnishes an additional guard over the purity of the article.

In consideration of these facts, it is especially adapted to the nourishment of infants who are deprived of a mother's care, or of good milk; if it supplies no other want, it will confer an unlimited blessing on this dependent class of human beings.

The following letter from Prof. Johnson to Dr. H., will be read with interest by all, and needs no comment:—

DR. HAMILL—*Dear Sir:*—I received from Mr. Hinckley a specimen of the milk, condensed at Elgin in our presence, and have subjected it to an examination, for the purpose of ascertaining what changes have taken place in its constitution. I

added to one part of the "condensed milk" three parts of water, mixing well. The sp. grav. was then 1030, water being 1000. The casein did not differ, so far as I could judge, from that of good uncondensed milk. The amount of cream was *within* the range of good new milk. The corpuscles, as seen under the microscope, to a *very limited* extent, were broken, and in size, were somewhat more variable than those of good uncondensed milk, the effect, I presume, of the mechanical agitation during the process of condensation. The taste of the milk, after condensation and dilution, as compared with specimens of the same milk before condensation, was somewhat richer, giving the impression of more cream, due, I think, to the rupture, as previously stated, of the envelopes of some of the corpuscles. This, while it gives a richer taste, in no way impairs the quality of the milk. I used in my examination, as a standard of comparison, the new milk from my own cow, a healthy animal, yielding, as we think, milk of an excellent quality. This process in no way injures the quality of the milk, while it diminishes the bulk for transportation; is clean; is not likely to be adulterated, and may be kept without change for a much greater length of time. I take pleasure in saying that, in my judgment, the public may rely upon it implicitly, and I trust that the gentlemen interested may find sufficient encouragement to induce them to continue its preparation.

In conclusion, I beg leave to suggest, that, as in all milk adulterated, whether with water alone, or with water and an admixture of other ingredients, the cream is invariably diminished in relation to its bulk or quality, that the galactometer may be advantageously resorted to as a means of examination in cases of suspected falsification. This instrument consists of two glass tubes, of considerable size, connected by a smaller tube. This latter has a graduated scale attached. The instrument is filled with milk up to the small tube, a portion of acetic acid is added; the two well shaken together for a minute or two, when the butter, liberated by the acid, rises to the surface and fills the smaller tube. If gently warmed it will become limpid, and the amount will be indicated by the graduation of

the smaller tube. If it be desirable to determine the proportion of cream to the whole amount of milk, the capacity of the instrument and the value of the divisions on the scale should be determined. If, for instance, the capacity of the larger tube be five times that of the smaller, and the tube be divided into ten equal parts, it would be easy to determine, within a very small fraction, the relative proportions of cream in the milk with which the instrument is charged.

This process does not give, it is true, a scientific analysis of milk, but indicating, as it does, the amount of cream, its results are sufficient for all practical purposes.

Very truly, yours,

H. A. JOHNSON.

611 Wabash Avenue, December 28th, 1866.

Prof. Davis, after stating that he was decidedly opposed to the custom of recommending, by resolution in medical societies, wines and other preparations, either medicinal or alimentary, from the fact that the articles sold to the public were too often very inferior in quality to the specimens presented to the societies for examination, added that in this case, however, from the importance of the preparation, as an article of food especially for infants, and from the fact that there were many reasons why it would be for the interest of the manufacturers to furnish pure milk, he would offer the following resolution:

*Resolved*, That the great importance of having milk pure, uniform in quality, and capable of remaining sweet longer than that ordinarily distributed directly from the dairy, makes the condensed milk furnished by the Elgin Milk Condensing Company an article of great value to the community, and one which we freely recommend for general use, and especially for use in feeding children.

Unanimously adopted. Several members, who had observed the very favorable results from its use, not only in their own families, but also in the cases of their patients, spoke warmly in recommendation of this milk.

## MILITARY TRACT ASSOCIATION.

The Association met in semi-annual session, at Galesburg, on Tuesday, 11th day of December, 1866, at the hall of the Christian Association, A. H. Thompson, M.D., President, in the chair.

The proceedings of the previous meeting were read and adopted, when the following physicians were presented for membership, and were elected:—Drs. Spalding, Hamilton, Phillips, Woodward, Burlingham, and H. M. Hurd, of Galesburg; Drs. Ewing, Webster, and Crawford, of Monmouth.

It was voted that Dr. McClanahan, of Mercer County, be elected an honorary member, with all the privileges of the Association.

Reading of essays being next in order, Dr. Crossley, of Princeton, read an article on Army Itch, or "Illinois Scratches," which elicited quite an animated discussion.

Dr. Woodward gave a history of the disease, as it prevailed among the soldiers during the late war; and also exhibited some animalculæ recently taken from a patient under his care. He considered the insect essentially different from the true *acarus scabiei*, but believed the disease amenable to the same treatment. The treatment used by him in the army was, iodide of arsenic internally, and ungt. hyd. oxid. nit. externally.

Dr. Nance believed the disease to be caused by animalculæ, and that the ungt. hyd. fortis, properly applied, was a certain cure.

Dr. Spalding recognized the disease as being identical with scabies; curable with the migt. sulphuris.

Dr. Holton believed the disease to be caused by animalculæ, but differing in the form of eruption produced by the *acarus scabiei* not infesting the spaces between the fingers and about the joints; both amenable to mercurial treatment; but the difficulty of effecting a cure in the army, was the inability to observe cleanliness, also the frequently depressed physical vigor of the patient.

Dr. Nance, of Kewanee, read an essay on the Endemic and Epidemic Diseases of Henry County, during 1866.

Dr. Holton, of Buda, read an interesting paper, entitled "Remarks on Different Subjects," being a detailed history of a variety of cases, of much interest, coming under his care during the past summer.

REPORT OF CASES, AND PRESENTATION OF MORBID SPECIMENS.

Dr. Woodward, of Galesburg, presented the calvaria of a boy, *æt.* 15, coming under his observation while in service in the army, who had been kicked by a horse over the right supra-orbital region four years prior; portions of the frontal bone having been removed by a physician in Madison, Wisconsin, the patient suffering with epilepsy. The peculiar features in the case were, that the convulsions could be produced at any time by pressure upon the cicatrix, and continued as long as the pressure was maintained; and, that during the eighty hours prior to his death, he had two hundred distinct convulsions.

Dr. Nance, of Kewanee, presented a specimen of renal calculus, of the mulberry variety, with a history of the case.

Dr. H. S. Hurd, of Galesburg, reported an exceedingly interesting case of aneurism of the innominate artery, and right sub-clavian.

Dr. Scott, of Kewanee, reported a case of ankylosis and caries of the right elbow-joint, occurring in a boy *æt.* 13, of scrofulous habit; after inflammation of the synovial membrane and cartilages of the joint. When the case came under the Doctor's care, it was of several months' duration. Amputation resulted in recovery. The morbid specimen was exhibited to the Association.

Dr. Holton, Chairman of the Committee of Resolutions, in respect to Prof. Brainard, deceased, reported:—

*Resolved*, That, on account of a dispensation of Providence in removing our brother, Prof. D. Brainard, from our midst, we recognize the hand of Him who is the author of our being, and we desire to say, His will be done.

*Resolved*, That our brother had acquired the reputation of being among the first as a teacher, and as an operator in surgery; and that his character and position for usefulness was world-wide; therefore, we deplore his loss as irreparable.

*Resolved*, That in his life we see encouragement to persevere in our efforts to arrive at a position of distinction, and to improve our ability to alleviate the sufferings of humanity; and we regard him as a worthy example for the profession.

*Resolved*, That we sincerely condole with the remaining members of the family.

[Signed]

N. HOLTON, M.D.,  
JOHN EWING, M.D., } Committee.  
H. S. HURD, M.D., }

Moved, by Dr. Holton, and carried, that a committee of five be appointed, to report on surgery, practice, obstetrics, materia medica, and therapeutics.

The Chair reported the following gentlemen on said committees:—

*Surgery*—Drs. Hamilton and Spalding, of Knox; Crossley, of Bureau; Secord, of Henry; Webster, of Warren.

*Practice*—Drs. Latimer, of Bureau; Hume, of Henry; H. S. Hurd, of Knox; Crawford, of Warren; Boardman, of Stark.

*Obstetrics*—Drs. Nance, of Henry; Holton, of Bureau; Webster, of Warren; Morse and Woodward, of Knox.

*Materia Medica and Therapeutics*—Drs. Ewing, of Warren; Smiley, of Henry; H. M. Hurd, of Knox; Clark, of Henry; Breed, of Bureau.

Moved, by Dr. Nance, and carried, that the President shall notify the committees one month before the meeting of the Association.

The President appointed Drs. Burlingham, of Knox, and Webster, of Warren, on special essays.

Moved, by Dr. Holton, and carried, that the President and Secretary be a committee on publication.

Moved, by Dr. Crossley, and carried, that a vote of thanks be returned to the members of the profession in Galesburg, for their courtesy; also to the Christian Association, for the use of their hall.

Moved, by Dr. Spalding, and carried, that we adjourn, to meet at 10 o'clock A.M., on the second Tuesday in May, 1867, at Monmouth.

A. H. THOMPSON, *Pres't.*

GEO. H. SCOTT, *Sec'y.*

PROCEEDINGS OF THE ESCULAPIAN SOCIETY OF THE  
WABASH VALLEY.

The Esculapian Society of the Wabash Valley met in annual session, at Kansas, Ill., October 31, 1866, at 2 P.M.

The Society was called to order by the President, Dr. JOHN TEN BROOK, of Paris.

The minutes of the last meeting being read and approved, the roll was called, and the following members, present, answered to their names:

Drs. John Ten Brook, Paris; James Steele, Grandview; W. M. Chambers, Charleston; O. Q. Herrick, John Mills, and Geo. Ringland, Kansas; Wm. Massie, Grandview; D. C. Jones, H. W. Davis, R. L. Walston, S. J. Young, S. B. Ten Brook, and A. J. Miller, Paris; G. W. Albin, Neoga; and J. Van. Dyke, Ashmore.

Dr. Massie, Chairman of the Committee on Indigenous Botany, read a very interesting report on that subject. On motion, the report was referred to the Committee on Publication.

On motion, the Society went into an election of officers for the ensuing year, which resulted as follows:—

*For President*—Dr. O. Q. HERRICK.

*For Vice-President*—Dr. WM. MASSIE.

*For Secretary*—Dr. S. J. YOUNG.

*For Treasurer*—Dr. R. L. WALSTON.

Dr. Chambers arose, and, addressing the Chair, delivered a brief eulogy upon the distinguished and lamented Prof. Brainard, and offered the following resolution:

*Resolved*, That a committee of three be appointed by the Chair, to draft suitable resolutions, expressive of the love and admiration we bear for the memory of this distinguished man, and report at the morning session.

The following gentlemen comprised the committee:—Drs. W. M. Chambers, H. W. Davis, and O. Q. Herrick.

The Society adjourned to meet at 9 o'clock A.M.

In the evening, the Society assembled at the Methodist Church, to listen to the annual address, delivered by Dr. R. L. Walston. The address gave evidence of careful research in its preparation, and was well received.



Nov. 1st, 1866.—The Society was called to order by the President, Dr. O. Q. HERRICK.

Minutes read and approved, and roll called.

Dr. R. L. Walston, by request, read a paper on typhoid fever, which was thoroughly discussed and referred to the Committee on Publication.

The committee (through their chairman) appointed to draft resolutions expressive of the sorrow of this Society for the death of Prof. Brainard, reported as follows:—

*Whereas*, The All-Wise Dispenser of Events has removed from his labors Prof. Daniel Brainard, thereby depriving our noble profession of one among its brightest ornaments, therefore,

*Resolved*, That, in his death, we recognize the hand of God, and bow in humble submission to his will; but, at the same time, we cannot but feel that a great light has gone out, because we esteem him as among the greatest intellects in our profession. His unsurpassed originality of thought enabled him to grasp the most intricate subjects; and his clear and convincing manner of explaining his views to his class, made him among the most useful of men.

*Resolved*, That, in consideration of the distinguished worth and ability of Prof. Brainard, the great teacher, we, his co-laborers, desirous of manifesting our appreciation of his life and services, assist in the erection of a suitable monument to his memory.

On motion, the above report was referred to the Committee on Publication, with directions that they be requested to ask its insertion in the Chicago medical journals, *Cincinnati Lancet & Observer*, and the *Medical & Surgical Reporter*, Philadelphia.

The following preamble and resolution, offered by Dr. Chambers, were unanimously adopted:

*Whereas*, The Esculapian Society ranks as the oldest medical society in the State, extending over a large portion of it, and numbering among its members many prominent men of the profession who feel a lively interest in its prosperity, have concluded that, inasmuch as they contribute large numbers of students to the medical colleges of the State, it would not be

presuming too much to make a recommendation for one of the Chairs made vacant by the death of the lamented Brainard. Therefore,

*Resolved*, That, in view of the fact, and the eminent qualification and fitness for such a position, we recommend the appointment of Henry W. Davis, M.D., of Paris, Illinois, to the Chair of Surgical Anatomy in Rush Medical College.

On motion, the fee bill adopted, and in use, by the Edgar Co. Medical Association, be, and is hereby adopted by this Society.

The following gentlemen were appointed. delegates to the State Medical Society:—Drs. James Steele, H. W. Davis, W. E. Morris, Geo. Ringland, Massie, Bridges, and Young.

To the National Association:—Drs. John Ten Brook, Massie, Herrick, Miller, Ringland, Young, Todd, Morris, Davis, S. B. Ten Brook, and Newell.

On motion, it was understood that the semi-annual meeting of this Society be held in Mattoon, beginning on the last Wednesday in May, 1867.

Standing committees were appointed.

Dr. H. W. Davis was appointed to deliver the public address.

After the usual votes of thanks for the use of the hall for our meeting, and especially for the generous reception we had met with at the hands of physicians and citizens, the Society adjourned.

S. J. YOUNG, *Secretary*.

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MORGAN COUNTY MEDICAL SOCIETY.

Thursday, December 11th, 11 o'clock, A.M. Society met pursuant to adjournment.

Dr. Wagely was elected to preside, in the absence of the President and Vice-President.

The Secretary read the minutes of the last meeting, which were adopted.

The President called for the report of committees.

Committee on examination of credentials reported unani-

mously in favor of Dr. Dutton for membership, who was immediately elected by unanimous vote.

Dr. Prince exhibited several varieties of instruments for producing spray for medication of the air-passages, and for deadening the sensibilities of parts in order to lessen or prevent the pain attendant upon surgical or dental operations. He went briefly into a history of the introduction of the method of inhaling medical substances blown off in spray, as first practiced in France and Germany, and then explained the instrument invented by Dr. Richardson, of London, for the production of insensibility of parts by blowing upon them a spray of ether or rhigoline, which is capable of freezing in a few seconds by the tendency of rapid evaporation to produce cold. He exhibited an ingenious modification of the apparatus devised by Dr. Black for the purpose of shielding the lips and tongue from the spray while it is being blown upon the gums preparatory to extracting teeth.

Dr. Prince referred to cases in which union by the first intention had occurred under unfavorable circumstances after the application of the spray of ether to the cut surfaces. He thought this result was secured by the speedy arrest of the flow of blood from the minute vessels under the influence of cold.

Dr. Edgar confirmed this view, by selecting cases occurring in connection with the battles at Vicksburg, in which union by the first intention had been secured by the application of ice to the wounds immediately after the amputation and before the final dressing.

Dr. Black made some remarks explanatory of his employment of the spray in extracting teeth, thinking the instrument a valuable means of lessening or destroying sensibility. In some cases he had found patients unable to bear the sudden reduction of the temperature on account of the exposed and irritable condition of the nerve of the tooth. In some of these cases he had succeeded in employing the spray by first covering the tooth with wax.

On motion it was resolved that the thanks of the Society be tendered Dr. Black for his valuable contribution to dental surgery.

The subject of local anæsthesia being under consideration, Dr. Edgar related a case of ankylosis of the elbow-joint of a young lady, treated with chloroform and olive oil to the joint, enclosed in oil silk to prevent evaporation, by which means all sensation was removed, the adhesions were broken up and the joint restored.

Society adjourned to meet at 2 P.M.

At 2 o'clock P.M., the Society met. The Vice-President in the chair.

Dr. Warriner presented samples of his purified castor oil to the society for inspection and trial.

The Vice-President reported a novel and interesting case of menstruation and escape of liquoramnii during eight months of pregnancy.

Dr. Wagely moved the subject of puerperal fever be taken up.

Dr. Prince apologized for the delay of his paper on that subject, and promised it should be forthcoming at the next meeting.

Dr. Edgar called attention to the liability of error in practice from failure to diagnose correctly the pathological condition in each case of puerperal fever, *i.e.*, whether dependent on a true toxæmia, or on metritis, phlebitis, peritonitis or metroperitonitis. That the toxæmic condition being attended with an asthenic grade a fever indicated a supporting treatment while the purely inflammatory cases might be better treated by early free depletion and full exhibition of anodynes.

The further consideration of the subject was postponed until the next meeting.

On motion the Society adjourned to meet on the second Thursday of January, 1867, at 1 o'clock P.M.

R. E. McVEY, M.D., *Pres't.*

C. T. WILBUR, M.D., *Sec'y.*

## SELECTED ARTICLES.

*Hysterical Mania, caused by Irritation of Spicula of Bone.*  
—At a recent meeting of the N. Y. Pathological Society, Dr. Sayre presented a portion of the calvarium and dura mater, removed by *post mortem* section from a lady twenty-five years of age, whom he had seen in consultation with Drs. Bloodgood and Brown-Séquard. He gave his testimony as follows: The patient, who was the mother of four children, had always enjoyed good health until her last sickness, and belonged to a healthy family. I first saw her on Sunday, June 3, she having on the Wednesday previous wakened out of a sound sleep with a most violent screaming delirium. Narcotics had been given her to make her tranquil, but nothing but chloroform had been of any avail. If the administration of the anæsthetic was not kept up she would arouse herself, and shriek to the top of her voice, seemingly furious over a pain in the top of her head and left temple. There had been no excitement of the pulse during all this time, and her skin seemed to be natural; there was no coating on her tongue. Her bowels were regular, and her kidneys had acted well until that day (June 3), when a catheter was called into requisition. This instrument had afterwards to be constantly used until her death. A careful examination of the urine disclosed nothing abnormal. Finding no cause for the difficulty, I pronounced the case one of hysteria. An injection of ten drops of Magendie's solution was given, and the result was, that in five or ten minutes she was asleep. Being out of town at the time, the patient felt so much better, that the following morning she came to the city. In a few hours after her arrival she had another attack, and I was immediately sent for. I found her in the most violent contortions, seemingly wild with the pain in her head, and shrieking so as to alarm the neighborhood. When you spoke sharply to her you could control her to some extent for a time, but any moment she would "go off" into the most violent contortions of her body, and scream as before. Dr. Brown-Séquard then saw the case with me, and pronounced it one of hysterical mania. The frequency and severity of the spasms seemed to increase upon her for two or three days, when I observed that she was reckless in regard to her striking out; and finding that she had bruised herself seriously in consequence, I began to suspect that there was not so much of an hysterical element in the disease as had at first been supposed. We found that nothing afforded her even temporary relief, except chloroform by inhalation. She inhaled

eight pounds of the anæsthetic from the 3d to the 16th of June, during most of which time it had been incessantly administered to her. Dr. Bulkley saw her in consultation, and he continued to visit her twice a day until she died. Her stomach could not retain anything fluid, or solid, and after a while she persisted in refraining from all nourishment. She had a tendency to lie upon her face, with her head buried in the pillow, her legs being kept in a perpetual and violent motion. Notwithstanding this severe tax upon her vital powers, she did not seem to waste away any, and her muscles were possessed of their usual hardness, and her body of its customary plumpness. After a time the urine, which was by the way copious enough, began to give forth a most sickening odor, and finally became so intolerable that at the time it was drawn off the other occupants of the room would actually be driven out. This strange and disagreeable odor we were disposed to refer to the large quantity of chloroform inhaled. Her menstruation came on about the 9th instant, and continued to be normal until the 14th, when it ceased. On the latter day there was noticed a marked weakness in one of the lower extremities, and on the day following this amounted to complete paralysis. The succeeding day the other leg became similarly affected, and that evening she died.

*Autopsy.*—The genital organs were perfectly normal. The abdomen was perfectly healthy, although the cavity of the peritoneum was entirely dry. The intestines were healthy, and the kidneys normal; but the liver was considerably enlarged, was of an ochrey color, and so friable that it fell to pieces in the attempt to remove it. The heart and lungs were healthy. On opening the brain there was a good deal of congestion; there was, however, no apoplectic effusion, and the brain itself was very much more than ordinarily firm. On the left side of the dura mater there was quite a sharpened projection of bone, about a quarter of an inch in length, and also a similar piece in the situation of the falx cerebri, as well as smaller and more rounded pieces from other portions of the membrane. The first spiculum discovered was, on the point projecting against the brain, as sharp as a needle. This was all that could be discovered about her. I am disposed to think that the irritation caused by these spicula gave rise to the patient's disease. I am as confident as I can be that she suffered from great pain in these situations, as she would constantly point with her fingers to these two spots, on the top and side of her head, and entreat us in the wildest sort of desperation to "bore a hole" there, and relieve her.

the vagina, which runs directly back into the pail. There is no need of wetting the clothes. You can add hot water as it is necessary.

"The patient must be shown how to make the application in this way. Several gallons of water are injected at a time, and the injection continued fifteen or twenty minutes. As regards the success of this treatment, he had arrived at results with it more satisfactory than from any other mode of treatment. Those who would try this should particularly notice the extraordinary change the tissue undergoes in the whole vaginal wall after the water has been introduced for a long time. Some may have used this for the induction of premature labor. The change which is immediately produced in the tissues is astonishing. In that form of chronic metritis associated with amenorrhœa, and especially dysmenorrhœa, be restored to this treatment daily for four or five days previous to the appearance of each menstrual period; and often at the very first period succeeding its use, great relief is experienced. It is accomplished with great modification of dysmenorrhœal pains, and great increase of the menstrual discharge. In this way we have a normal, natural method of directly depleting the organ, which favors resolution and absorption of the antecedent inflammatory deposit."

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*Ethereal Pyrotechnics.*—A correspondent of the *London Lancet*, October 27, relates the following:—

"A gentleman calling to have a tooth extracted, I proceeded in the usual way. Having applied a small piece of cotton-wadding over the tongue, with the view of protecting it from the fluid which I was about to direct upon the upper jaw, I commenced business. I should say that in *every* preceding instance I have used a candle, to throw a better light into the mouth. This is held by the assistant not nearer than half a yard from the seat of operation. In this case it was done also. And now comes the terrible scene. I had scarcely used the ether (pure rectified) for twenty seconds when suddenly a volume of flame rushed from the patient's mouth, enveloping the three of us for a single instant. It was soon over that the patient had not time to rise from his seat, and the assistant and myself remained in our former positions. There was no explosion; all was quiet. After regarding each other for a few moments, I ventured to inquire of the patient how he felt. I was happy to see a smile, rather ghastly nevertheless, illumine his pale countenance; but his only answer was, "What a wonderful occurrence!"



There was no smell of scorching; the only injury sustained being a slight singeing of the more prominent hairs of his moustache. The assistant and myself were untouched. This was certainly an unexpected and terrible occurrence, though fortunately unattended by any untoward result. The patient's complexion was of a healthy, ruddy color on sitting down for operation; but this soon gave place to a ghost-like pallor; and when I beheld the flames gushing forth from the mouth, I almost believed it was a veritable fire-demon sitting before me. He certainly did not look ethereal. The only unpleasant feeling he experienced was a sense of constriction round his neck. He is nothing the worse for it; in fact, better as he has not felt a twinge of toothache since.

"Now, sir, cases like these are not to be made *light* of. The cause of the mischief might be attributed to the candle. If so, then why did the same effects not ensue in preceding instances, as the same precautions were adopted? I should esteem it a favor to be informed if any rules are laid down for operating in gas-light, as till then I shall be obliged to desist."

[This reminds us of a case which occurred a few years since in Kentucky, and which was described to us by the practitioner in attendance. A patient was suffering severely from colic and intestinal obstruction. Ordinary remedies proving of no avail, the practitioner administered an enema, which contained sulphuric ether. Feeling that he was about to have an evacuation, and there being no other convenience at hand, the patient rushed for the stone hearth in front of an old fashioned fireplace, in which a huge fire was blazing. An enormous discharge of wind was the first to escape, and from the patient's proximity to the fire a pyrotechnic display resulted, which utterly astounded both physician and patient, the hasty retreat of the latter across the room, leaving, like a meteor, a dazzling train behind! Like the case above related, "the patient felt none the worse for it; in fact better," and of his colic he was entirely relieved.]—*Cincinnati Journal of Medicine*.

*Hypodermic Treatment of Diseases.*—Prof. Gibbons, of San Francisco, remarks: "In the choice of a syringe, the simplest construction is the best. I have found that those made of gutta percha, with the canula fitting on without screwing, are least liable to get out of order or broken. It is not safe to depend on the graduation marked on the syringe; in some of the instruments the divisions do not correspond to halves and quarters of drachms. Every operator should carefully test his own syringe in this respect.

"The pain is trifling in general, if the operation be dexterously performed. The skin should be sharply pinched, as well to cover the prick of the instrument as to secure the hold. To have the fold of skin slip from the fingers is awkward. If the surface be greasy or sweaty a fold of rag should be interposed. These are small matters, but they are worthy of attention. The liquid should not be too rapidly injected, else the cells of the subcutaneous tissue are torn. It is well to avoid the veins. The instrument may be withdrawn by a sudden jerk, and the finger pressed on the spot for a moment. This is scarcely necessary, however, as I have never seen the liquid escape from the orifice after being injected. There is no need of rubbing the part with the finger, as some propose, to diffuse the injected liquid and promote its absorption; and the idea of always injecting it downward to prevent it from gravitating out of the puncture is sheer nonsense.

"In some parts of the body the puncture is less painful than in others. The dorsal surfaces of the arm and forearm are not very sensitive, and present very convenient sites for the application. I am partial to the region about the insertion of the deltoid muscle. The outside of the thigh, the calf of the leg, and the region of the spine admit of the operation without much pain. The skin of the chest and abdomen is very tough, and patients also complain much of pain from the puncture in this region. The operation is painful, and sometimes followed by inflammation, on the hands and feet, and these parts should be avoided. I have seen no evil results from puncture of the scalp or behind the ears in neuralgia affecting those regions. Where, however, the skin is bound down closely to the bone beneath, the quantity of fluid injected should not be large, and it should be introduced very slowly to avoid painful distension. In emaciated subjects the skin becomes very thin and as tough as leather, rendering it difficult of penetration. This fact should be kept in view, in order to avoid failure in the first attempt; for it is important always to make sure of introducing the instruments through the skin at once, by a sudden plunge. Otherwise, unnecessary pain is produced, and the patient may refuse again to submit to the operation. Large-sized cannula gives much more pain than a small one. In general, when complaint is made the puncture is alone complained of. But sometimes the distention produced by the liquid is painful, especially if it be suddenly injected, or if the quantity be large. In very sensitives subjects it is well to warm the liquid."

## EDITORIAL.

## BOOK NOTICES.

*The Principles and Practice of Medicine.* By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, and in the Long Island College Hospital; etc., etc. Second edition, revised and enlarged. H. C. Lea, Philadelphia. 1867.

The success of the first edition of this excellent text-book has established its reputation. Anxious to improve its quality, the author tells us, in his preface to the second edition, that "the portion treating of pyæmia has been rewritten; three affections, omitted in the first edition, have been introduced, viz.:—pertussis, general cerebral paralysis, and polyuria; epidemic cholera has been considered at greater length; the thermometric phenomena of disease have received fuller consideration, and, in connection with many affections, there has been added new matter, much of which relates to special therapeutics."

For sale by W. B. Keen, 148 Lake St., Chicago.

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*Notes on Epidemics: For the Use of the Public.* By F. E. ANSTIE, M.D., F.R..CP. Philadelphia: Lippincott & Co. 1866. pp. 95.

This is an expansion of an article by Dr. Anstie which originally appeared in the *British Quarterly Review*. It was designed to furnish "information which may assist the non-medical public to do their part in the work of preventing" those epidemic diseases which are the scourge of our cities. The little volume deserves a wide circulation.

For sale by S. C. Griggs & Co., 41 Lake Street.

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*A Manual of Auscultation and Percussion.* By BARTH and ROGER. Translated from the sixth French edition. Philadelphia: Lindsay & Blakiston. 1866.

One of the most convenient little hand-books for students that we have seen. It will well repay careful study.

For sale by W. B. Keen & Co., 148 Lake Street, Chicago.

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BOOKS AND PAMPHLETS RECEIVED.

Opinion Relative to the Testamentary Capacity of the late James C. Johnston. By Wm. A. Hammond, M.D., etc.

Transactions of the Medical Society of the State of Pennsylvania, at its Seventeenth Annual Session.

Report on the Sanitary Relations of the State of Kansas. By C. A. Logan, M.D.

Report on the Climatology of Kansas. By Tiffin Sinks, M.D. A valuable contribution to our meteorological records.

Infantile Paralysis and its Attendant Deformities. By Charles F. Taylor, M.D. Philadelphia: J. B. Lippincott & Co. pp. 119.

For sale by S. C. Griggs & Co., 41 Lake St., Chicago.

The Message and Documents, for 1865-6. From J. H. Baxter, Surgeon, U.S. Vols., Washington D.C.

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We have received the annual report of the Surgeon-General of the U.S. Army, for the year ending July 1st, 1866—a concise and interesting pamphlet of eight pages. After mentioning the fact of the reduction of the army to a peace footing, the author says:—

The comfort and proper medical treatment of the sick and wounded are now secured in well arranged Post Hospitals, of which there are at present one hundred and eighty-seven (187) with a total capacity of ten thousand eight hundred and eighty-one (10,881) beds. All perishable articles of medicines and hospital supplies in excess of the requirements of a peace establishment have been disposed of by public sale at advantageous rates, and the reserved supplies concentrated at the Purveying Depots in New York, Philadelphia, Washington, St. Louis, New Orleans, and San Francisco.

Great progress has been made in furnishing artificial limbs to maimed soldiers:—

From date of Act of Congress, (July 16, 1862,) authorizing artificial limbs to be furnished, to July 1, 1866, there have been supplied by this Department, to maimed soldiers, three thousand nine-hundred and eighty-one (3,981) legs; two thousand two hundred and forty (2,240) arms; nine (9) feet; fifty-five (55) hands; one hundred and twenty-five (125) surgical apparatus, and it is estimated that not more than one thousand (1,000) limbs remain still to be supplied at a cost probably of seventy thousand dollars (\$70,000). Should the appropriations for this purpose be continued it is recommended that upon furnishing the evidence now required to obtain an artificial limb, the applicant receive, from a Medical Disbursing Officer, under such regulations as may be prescribed by the Secretary of War, its present established money value in lieu of an order upon a manufacturer. Such an arrangement would include those cases in which from the nature of the injury and operation, no limb or (surgical) appliance can be advantageously adopted, by extending to them the same allowance now made to their more fortunate fellow-sufferers.

We are informed that:—

The average mean strength of white troops for the year as reported, was one hundred thousand one hundred and thirty-three (100,133), and the proportion of deaths, from all causes, to cases treated was one to every fifty-two.

The report of colored troops represents the average mean strength for the same period as fifty-three thousand five hundred and forty-one (53,541), among whom the proportion of cases taken sick was greater than with the white troops, and the mortality rate, one death to every twenty-nine cases treated.

There were remaining in General Hospitals, June 30, 1865, and admitted during the year, sixty-four thousand four hundred and thirty-eight (64,438) patients, of whom, on the 30th June, 1866, only ninety-seven (97) remained under treatment.

We are glad to learn that:—

The preparation for publication of the Medical and Surgical History of the War has been prosecuted with energy, much of the manuscript and several of the illustrations for the first volume being completed. The Army Medical Museum continues to increase in value and usefulness, and the greater security and additional accommodations of the building to which it will be shortly removed admits of the addition of a great number of interesting and instructive specimens not hitherto available for want of space.

The number of casualties from the commencement of the war to July 1st, 1866, in the Regular and Volunteer Medical Staff, was three hundred and thirty-six, *viz.*:—

Killed in battle, twenty-nine (29); killed by accident, twelve (12); died of wounds, ten (10); died in rebel prison, four (4); died of yellow fever, seven (7); died of Cholera, three (3); died of other diseases, two hundred and seventy-one (271); making a total of three hundred and thirty-six (336).

During the war thirty-five (35) Medical Officers were wounded in battle.

That the Medical Department of the Army will be adequately represented in the great Paris Exposition, is rendered certain by the following paragraph:—

The improvements in Hospital construction and equipment, in surgical appliances, in means of transportation of sick and wounded, etc., resulting from the vast experience of the War, are considered worthy of exhibition as an evidence of National progress, and with this view, models of U. S. General Hospitals, with their equipment, of ambulances, litters, medicine wagons, etc., have been prepared, and will be forwarded through the proper channels as the contribution of the Medical Department, U. S. A., to the Paris Exposition.

To the report is appended a statement of the quantity of of medical supplies issued during the war, from the purveying depots at New York City, Philadelphia, Baltimore, Washington, Cincinnati, Louisville, and St. Louis. The figures are simply enormous. We give a few specimens, regretting that our space will not permit the reprint of the whole list as a contribution to the curiosities of medical literature. The quantity of ether was not large, only 987,687 oz. were issued. Chloroform seems to have been the favorite anæsthetic, 1,588,066 oz. having been consumed. The spirits of nitric ether was in great demand, no less than 1,688,943 oz. having been required. Aconite was the favorite arterial sedative, if we may judge from the fact that 202,842 oz. of its fluid extract were consumed, against 48,759 oz. of the fluid extract of veratrum viride. Sulphate of magnesia found favor to the extent of 537,712 lbs. But this was by no means the *royal cathartic*: defecation was procured by the action of 84,767 oz. of aloes,

127,027 oz. of calomel, 313,647 oz. of blue mass, 220,076 qts. of castor-oil, 28,486 oz. of croton oil, 141,875 oz. of rhubarb, and 655,982 dozen of compound cathartic pills. The consumption of opium and its various compounds was correspondingly great, *e.g.*:—448,864 oz. of opium, and 901,467 oz. of its tincture. Of quinine, 723,521 oz. were used. These are magnificent items, but it is only when one approaches the subject of alcoholic stimulants, that the exigencies of the occasion become fully apparent. 590,604 quarts of alcohol, 562,221 quarts of brandy, 913,729 quarts of wine, 1,113,690 quarts of porter, and 2,420,785 quarts of whiskey barely sufficed to sustain the fainting energies of our sick and wounded heroes. No wonder that Mosby, and Morgan, and Forrest were so eager to intercept our hospital trains!

Several of the items look queerly out of place in a list of army stores; for instance:—three hundred and fifteen obstetrical instrument cases, flanked by five hundred and thirty-seven copies of brother Bedford's Midwifery. Four hundred and twenty-six speculums, with seven hundred and thirty-seven vaginal syringes, were actively used during the war. When the volumes of the Army Medical Report are published, we shall hope to learn how often the operation for the relief of vesico-vaginal fistula was performed under fire, in Virginia. But these seem insignificant trifles when we turn to the masculine side of the question:—154,154 little syringes were ordered, for the comfort of the gentlemen who consumed 1,292,129 oz. of co-paiba. Thus was the ancient reputation of Mars once more exalted, while the parturient pangs of Venus were gently urged with 22,471 oz. of ergot. Verily, it was the greatest war the century has seen.

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The *Atlantic Monthly* enters on its nineteenth volume with an array of distinguished names and sterling articles that promise well for the coming year. The January number contains the first instalment of Dr. Holmes' story, "The Guardian Angel," in which will be found the same old charm that so fascinated the readers of the *Autocrat*, the *Professor*, and *Elsie*



*Venner*; a humorous story in verse, by James Russell Lowell; a graphic sketch of Henry Ward Beecher's church, with some pertinent reflections upon modern church-going, by James Par-ton; a legend in verse, told only as Whittier can tell it; a poem entitled "Terminus," (on Growing Old.) by R. W. Emerson; and a spirited translation of the contest between Achilles and Agamemnon, from the First Book of the Iliad, by W. C. Bryant.

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We feel that we cannot confer upon our subscribers who are blessed with children a greater favor than by calling their attention to the new monthly, *The Riverside Magazine for Young People*. It is a double-columned quarto of 48 pages, illustrated with beautiful wood-cuts, and printed in that perfect style which has made the issues of the Riverside press so justly celebrated. The editorial department is in the hands of our old friend, Horace Scudder, an author whose reputation has already been established among the children, by a number of pleasing articles from his pen. The veteran writer of the *Rollo Books* has commenced a series of narratives, which will appear with every monthly issue; and, if we may venture to predict from the appearance of the first number, the new magazine will lead the way in the race of the juvenile monthlies. Hurd & Houghton, 459 Broome Street, New York, are the publishers. Price \$2.50 a year, in advance.

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We would refer our readers to the report on the milk of the Elgin Milk Condensing Company, as found in the proceedings of the Chicago Medical Society, page 23 of this journal.

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THE Dissecting Room of Rush Medical College will be open during the months of February, March, and April, under the direction of Drs. POWELL and LACKEY. Every facility will be afforded students for the study of practical anatomy.

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OUR thanks are due for the promptness with which our friends are sending in their subscriptions. With this number of the JOURNAL we return receipts for all payments received before the 12th of January. We trust that with our February



## NATIVITIES.

Chicago,-----	128	England,-----	5	Sweden,-----	5
Other States,-----	63	Germany,-----	47	Scotland,-----	4
Belgium,-----	1	Ireland,-----	38	Wales,-----	1
Bohemia,-----	2	Norway,-----	6	Unknown,-----	6
Canada,-----	2	On the Sea,-----	1	Total,-----	309

## MORTALITY OF THE YEAR.

The following is the accurate, and complete statement of the number of deaths in each division of the City during the year, and their ages. The figures published in the *Tribune*, January 1st, for the month of December, was an estimate made, and varied from the official by only six. The total of deaths for that month were 309, instead of 315.

MONTH.	NORTH DIV.	SOUTH DIV.	WEST DIV.	TOTAL.
January-----	74	115	104	293
February-----	55	94	111	260
March-----	62	94	98	224
April-----	65	99	114	278
May-----	78	78	114	275
June-----	94	88	131	321
July-----	190	196	315	706
August-----	252	297	386	940
September-----	150	260	324	734
October-----	311	351	503	1,170
November-----	73	137	172	382
December-----	75	105	129	309
Total-----	1,479	1,904	2,501	5,926

The following is the table of ages:

MONTHS.	Under Five.	Five to Twenty.	Twenty to Forty.	Forty to Fifty.	Fifty to Sixty.	Sixty to Eighty.	Over Eighty.	Unknown.
January-----	152	29	55	17	14	18	1	7
February-----	117	40	52	20	9	11	3	8
March-----	122	25	62	12	7	17	0	9
April-----	129	33	59	24	11	14	1	7
May-----	134	25	58	22	7	17	2	10
June-----	165	36	54	21	14	14	0	15
July-----	518	46	80	22	12	18	2	8
August-----	578	80	156	48	27	32	3	16
September-----	329	84	183	68	41	25	3	7
October-----	329	161	392	116	72	69	6	25
November-----	173	45	75	40	15	23	3	8
December-----	153	34	62	16	11	23	6	4
Total-----	2,899	638	1,288	426	240	281	30	124

## ERRATA.

In the article on Consumption, by Dr. Tooker, published in our last issue, page 543, third line, read *diminished* instead of *increased*; and in the twenty-third line upon the same page, the word *heat* should be substituted for the word *blood*.